

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Petition for Examination  
(Fifth Standard Under  
§51.20(1)(a)2.e, Wis. Stats.)**

\_\_\_\_\_  
Name of Subject

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

Under oath, we petition the court to examine the condition of the subject, who resides in \_\_\_\_\_  
County

at \_\_\_\_\_, and allege that:  
Address

a. The subject is mentally ill and a proper subject for treatment because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional page if necessary.*

b. There exists all of the following for the subject:

1. The advantages and disadvantages of and alternatives to accepting a particular medication or treatment have been recently explained to the subject on \_\_\_\_\_; and  
Date
2. Due to mental illness, the subject is incapable of expressing an understanding of the advantages and disadvantages of accepting medication or treatment and the alternatives available, or the subject is substantially incapable of applying an understanding of the advantages and disadvantages and alternatives to his or her own mental illness in order to make an informed choice as to whether to accept or refuse medication or treatment; and
3. There is a substantial probability, as demonstrated by both the subject's treatment history and the subject's recent acts or omissions, that the subject needs care or treatment to prevent further disability or deterioration, and further, there exists a substantial probability that if left untreated the subject will lack the services necessary for his or her health or safety, and will suffer severe mental, emotional or physical harm that will result in loss of ability to function independently in the community or the loss of cognitive or volitional control over the subject's thoughts or actions; and
4. There is a reasonable probability that the subject will not avail himself or herself of services in the community for care or treatment necessary to prevent the subject from suffering severe mental, emotional or physical harm, and the subject is not appropriate for protective placement under §55.06, Wisconsin Statutes.

c. The following petitioner(s) has personal knowledge of the conduct of the subject:

Name

Address

Telephone

Relationship to Subject

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

- d. The following petitioner(s) does not have personal knowledge of the conduct of the subject but bases his/her belief on the following:

Name Address Telephone Relationship to Subject

1) \_\_\_\_\_

Basis for Belief: \_\_\_\_\_

2) \_\_\_\_\_

Basis for Belief: \_\_\_\_\_

- e. In addition to the petitioners, the following person(s) may testify in support of this petition:

Name Address Telephone

\_\_\_\_\_

\_\_\_\_\_

- f. The names and post office address of subject's: *(If unknown or inapplicable, so state.)*

Spouse Post Office Address

\_\_\_\_\_

Adult Children Post Office Address

\_\_\_\_\_

\_\_\_\_\_

Parents or Guardian Post Office Address

\_\_\_\_\_

Custodian Post Office Address

\_\_\_\_\_

Brothers/Sisters Post Office Address

\_\_\_\_\_

\_\_\_\_\_

Person(s) With Whom Subject Resides Post Office Address

\_\_\_\_\_

Subscribed and sworn to before me  
on \_\_\_\_\_

Notary Public/Court Official, State of Wisconsin  
My commission expires \_\_\_\_\_

Signature of Petitioner	Name printed or Typed